

Food Establishment License Application

Instructions: Please review the entire application before making entries. TYPE or PRINT IN INK. Enter N/A where requested information does NOT apply. Leave NO blanks. This application is for **year-round** and **seasonally** operated establishments.

Ownership Entity <i>The ownership must be shown as the business entity or person(s) who has ultimate responsibility for maintaining operation of the ESTABLISHMENT in compliance with health laws and to whom the license will be issued.</i>	Ownership entity of Establishment is best described as: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Government subdivision <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____		
	Full Name(s) _____		
	Address _____		
	P.O. Box or Street _____ (Avenue, Court, Street etc.)		
	City _____ State _____ Zip _____		
Phone No. _____			
Home (Emergency) _____ Business _____			

Establishment <i>The place of operation where food is stored, processed, prepared, packaged, handled, served, and/or sold for which this license will be issued.</i>	Name of Establishment _____		
	Address of Establishment _____		
	City _____ State _____ Zip _____		
	P.O. Box or Street _____		
	City _____ State _____ Zip _____		
Establishment Mailing Address _____			
Manager _____			
This is a _____			
(Type of Business)			

To be operated: <input type="checkbox"/> Year round, presently open. <input type="checkbox"/> Year round, not yet open <input type="checkbox"/> Opening Date: _____ Seasonally (more than 14 days of operation) Opening date: ____/____/____ Closing date: ____/____/____ Indicate the type of systems this establishment utilizes: <table> <tr> <td><u>Water Supply</u></td> <td><u>Sewage Disposal</u></td> </tr> <tr> <td><input type="checkbox"/> Public/Community</td> <td><input type="checkbox"/> Public/Community</td> </tr> <tr> <td><input type="checkbox"/> Private</td> <td><input type="checkbox"/> Private (e.g., septic tank system)</td> </tr> <tr> <td><input type="checkbox"/> Holding Tanks</td> <td><input type="checkbox"/> Holding Tanks</td> </tr> </table>	<u>Water Supply</u>	<u>Sewage Disposal</u>	<input type="checkbox"/> Public/Community	<input type="checkbox"/> Public/Community	<input type="checkbox"/> Private	<input type="checkbox"/> Private (e.g., septic tank system)	<input type="checkbox"/> Holding Tanks	<input type="checkbox"/> Holding Tanks	- OFFICIAL USE ONLY - <input type="checkbox"/> New Establishment <input type="checkbox"/> New Establishment Name <input type="checkbox"/> New Owner Establishment # _____ Status: A P Days Between Inspections: _____ County: ____ Jurisdiction: _____ Program Code: _____ Type of Establishment: _____ EHS: 40 _____ Mail Options: ____ Service Code: (1) ____ (2) ____ Group ID: ____ Risk: L M H Inspection Type: R M H Roster: ____ License Code: ____ Master Establishment #: _____ Activation Date: ____/____/____ Next Inspection Date: ____/____/____ Approved ____ Disapproved ____ By EHS: 40 _____ Date: ____/____/____
<u>Water Supply</u>	<u>Sewage Disposal</u>								
<input type="checkbox"/> Public/Community	<input type="checkbox"/> Public/Community								
<input type="checkbox"/> Private	<input type="checkbox"/> Private (e.g., septic tank system)								
<input type="checkbox"/> Holding Tanks	<input type="checkbox"/> Holding Tanks								

☐ Yes ☐ No Has applicant received a copy of the Rules Governing Food Safety & Sanitation Standards for Food Establishments (UNICODE)?
☐ Yes ☐ No Has applicant received Idaho Food Safety & Sanitation Supervision Training Program? Number _____

As the applicant/applicant's agent, I hereby: (1) affirm that all requested information has been provided and is correct to the best of my knowledge (2) request that a license be issued to the Applicant to operate this Establishment, and (3) understand that the license is NOT transferrable to another person or location and is the property of the issuing agency and may be revoked for failure to maintain compliance with health regulations, codes, ordinances, and statutes.

Signature _____ Date ____/____/____



Hours Of Operation:

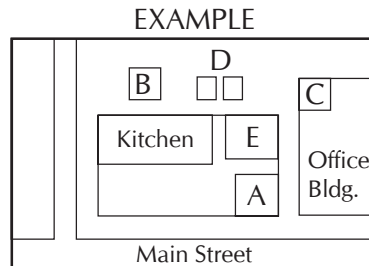
Draw lines through the hours of each day to indicate those hours during which the establishment is (will be) open or in operation.

	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6					
	a.m.						noon						p.m.						midnight						a.m.					
Sun																														
Mon																														
Tues																														
Wed																														
Thurs																														
Fri																														
Sat																														

Remote Areas Of Operation:

Provide a graphic description to show the location of all places remote to PRIMARY food operation area of ESTABLISHMENT.

Refer to example. In this example, the kitchen is the PRIMARY operation area. If additional area is needed for entries, please provide information on another sheet of paper and attach to application.



- A - Ice maker, napkins, and linen
- B - Outside walk-in refrigerator
- C - Canned food and extra equip.
- D - 2 catering trucks
- E - Basement storage of potatoes, onions, and cleaning supplies.
- F - Warehouse at 850 N. 2nd St.

Additional Applicant Information

Provide full names, title, home/office mailing addresses, and phone number of the following applicants:

- All members of partnership not shown as applicant(s) or Applicant's Agent. Give **home** addresses.

- Registered agent (if not shown as Applicant's Agent) and officers of corporation. Give office address.

- Officers of the association. Give **office** addresses.

- Immediate responsible officials of government subdivision. Give office addresses.

- Chief coordinators and leaders of the organization (e.g. church, scout group, fund-raising committee, promotional committee, etc.) which you have shown as the Applicant. Give **home** address.

Applicant's Full Name(s) _____

Title _____

Applicant's Address _____

P.O. Box or Street _____

City _____

State _____

Zip _____

Applicant's Phone: _____

Applicant's Billing Address _____

Name: _____

(fee for services, water analysis)

P.O. Box or Street _____

City _____

State _____

Zip _____

Applicant's Agent

Complete this section if you are NOT shown as the Applicant

I am known to the Applicant As:

☐ Authorized representative ☐ Partner

☐ Registered agent

☐ Other described as _____

Your Full Name _____

Your Address _____

phone _____

Please return application to office for the county in which the establishment is located. Address to:
Environmental Health, Central District Health Department.

Ada & Boise County
707 N. Armstrong Pl.
Boise, ID 83704-0825
Ph. 327-7499

Elmore County
520 E. 8th North
Mountain Home, ID 83647
Ph. 587-4407

Valley County
P.O. Box 1448
McCall, ID 83638
Ph. 634-7194